U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only Rec'd
	(MAY 1 8 2006)
Ε	C. BORDE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

THE AM			
1. File Number U - 11063	2. Fiscal Year Covered From:		
Application	1 / 1 / 2005 Through: [2 / 31 / 2005]		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Henry N Rodriguez	Name Southern California District Council of Labore		
	Labor Organization File Number 029-790		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4399 Santa Anita Avenue	Street 4399 Santa Anita Ave, Ste 204		
City El Monte	City El Mont:e		
State California ZIP Code + 4 91731	State California ZIP Code + 4 91731		
5. Position in labor organization. Field Representative			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion of the ex	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name None	Nothing to repot		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	On 05-12-2006 626-350-6900		
> (-	Date Telephone Number		

Name of Person Filing Henry Rodriguez	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Associated Third Party Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4399 Santa Anita Ave, Ste 200 City El Monte State California ZIP Code + 4 91731	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Const. Laborers Trust Funds for So Cal Trade Name, if any: P.O. Box, Bldg., Room No., if any	Provides third party administration services to trust funds			
Street 4399 Santa Anita Avenue, Ste 200				
City El Monte	11.b. Approximate dollar value of such dealing.			
State California ZIP Code + 4 91731	Discussion on utility Industry data representation 1-17-05			
	12.b. Amount. 12.23			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	Nothing to report			
Name None				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
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3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	· · · · · · · · · · · · · · · · · · ·
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Name of Person Filing	Henry	Rodriguez
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File Number U-

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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Nothing to report
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P.O. Box, Bldg., Room No., if any	
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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C. Received from any employer (other than an employer covered under	er narts A and B above)		•
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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13.b. Is the Business an Employer

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Name of Person Filing Henry Rodriguez		File Number U-	
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Name None			
Trade Name, if any:			

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

State ZIP Code + 4

Name of Person Filing	Henry	Rodriguez
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File Number U-

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
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13.b. Is the Business an Employer

Name of Person Filing Henry Rodriguez	,	File Number U-	
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13.b. Is the Business an Employer

Name of Person Filing Henry Rodriguez	File Number U-
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Name of Person Filing Henry Rodrigue:		File Number U-	
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B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Associated Third Party Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4399 Santa Anita Ave, Ste 200 City El Monte State California ZIP Code + 4 91731	a. Labor Organization ** b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Const Laborers Trust Funds for So Call Trade Name, if any:	Provides third party administration services to trust funds
P.O. Box, Bldg., Room No., if any	
Street 4399 Santa Anita Avenue, Ste 200	11.b. Approximate dollar value of such dealing.
City El Monte State Callfornia ZIP Code + 4 91.731	12.a. Nature of interest held or income received.
	Discussive a stalk-ling

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
	Nothing to report
Name None	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City Sanda Harris Marie Commence of the Commen	
State State ZIP Code - 4	
13.b. Is the Business an Employer 7 or Consultant 7	14.b. Amount of payrnent.

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Name of Person Filing Henry Rodriguez		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Associated Third Party Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4399 Santa Anita Ave, Ste 200 City ET Monte State California	a. Labor Organiza b. Trust c. Employer	tion		
10 KO h. as O a in absorbed dive trust as ampleyed a serve	11.a. Nature of such dealing	ng.		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Const Laborers Trust Funds for So Cal. Trade Name, if any:	Provides third pair trust funds	y administrati	on services to	
P.O. Box, Bldg., Room No., if any				
Street 4399 Santa Anita Avenue Ste 200. City El Monte State Callifornia ZIP Code + 4 91731	11.b. Approximate dollar value 12.a. Nature of interest held	or income received.	Spains on the Principle and Market as	
	12.b. Amount.		WELL-KALES	

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	·,
(including trade name, if any).	Nothing to report	
Name None		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City विकास में के के किया है कि किया है कि किया है कि किया है है कि किया है कि किया है कि किया है कि किया है कि		
State ZIP Code - 4		
13.b. Is the Business an Employer (3), or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Henry Rodriguez	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value fr	` '

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Associated Third Party Administrators a. Labor Organiz:ation Trade Name, if any: P.O. Box, Bldg., Room No., if any c. Employer Street 4399 Santa Anita Ave Ste 200 El Monte 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Provides third party administration ser Name Const Maborers Trust Funds for So Cal Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4399 Santa Anita Avenue Ste ,200 11.b. Approximate dollar value of such dealing. El Monte City 12.a. Nature of interest held or income received State California in The ZIP Code + 4 917319 12.b. Amount.

C. Received from any employer (other than an employer covered unde	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Nothing to report
Name None	
P.O. Box, Bldg., Room No., if any	
Street	
City Resident April 1985 City	
State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer (2) or Consultant (2) ?	The state of the s

ADDEMDUM A [MEAL/EVENTS WITHOUT SPECIFIC RECORD OR RECOLLECTION]

It is not conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.